

Kentucky IMPACT

Nomination Packet
(Insert Region)

Demographic Information

Child's Name _____ Date of Birth ____ / ____ / ____ Sex ☐ Male
☐ Female
Social Security Number ____ - ____ - ____
Child's Address (If Different) _____

.....
Name of Legal Guardian _____ Name of Guardian where
Child is living. _____
Relationship to the Child _____ Relationship to the Child _____
Address _____ Address _____
City _____ State _____ Zip _____ City _____ State _____ Zip _____
Home Phone _____ Work Phone _____ Home Phone _____ Work Phone _____
Mobile Phone _____ Pager Number _____ Mobile Phone _____ Pager Number _____

.....
Name of Father _____ Name of Mother _____
Address _____ Address _____
City _____ State _____ Zip _____ City _____ State _____ Zip _____
Home Phone _____ Work Phone _____ Home Phone _____ Work Phone _____
Mobile Phone _____ Pager Number _____ Mobile Phone _____ Pager Number _____

.....
Date of Referral _____ Name of Person Making Referral _____
Agency / Organization _____ Phone _____
Address _____ City _____ State _____ Zip _____

Insurance Information

☐ No Insurance
☐ Medicaid / Medical Card Card Identification Number _____ Card Name _____
☐ Private Insurance Card Identification Number _____ Card Name _____

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Health Information

What is the child's Mental Health Diagnosis? _____

Is the child currently taking prescribed medication(s)? ☐ No
☐ Yes, If know please identify below:

Name of Medication	Milligrams	Frequency	Prescribing Doctor

Does the child have a history of Psychiatric Hospitalizations and/or Residential Placements? ☐ No
☐ Yes, please provide dates and location below:

Does the child have a chronic handicap or significant developmental delay? ☐ No
☐ Yes, please provide details below

Has the child suffered and/or experiencing any type of trauma? ☐ No
☐ Yes, please provide details below

Additional Information

What strengths can you identify for this child and family? _____

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Please indicate the severity for each behavior identified by circling the most appropriate number; **one (1) being never** and **five (5) being frequently**:

Behaviors	N				F
1. Physically assaults peers; Comments:_____	1	2	3	4	5
2. Physically assaults adults; Comments:_____	1	2	3	4	5
3. Verbally or physically threatens people; Comments:_____	1	2	3	4	5
4. Damages or destroys property; Comments:_____	1	2	3	4	5
5. Steals; Comments:_____	1	2	3	4	5
6. Lies; Comments:_____	1	2	3	4	5
7. Sets fires; Comments:_____	1	2	3	4	5
8. Engages in inappropriate sexual behavior; Comments:_____	1	2	3	4	5
9. Exhibits strange or bizarre behavior; Comments:_____	1	2	3	4	5
10. Runs away; Comments:_____	1	2	3	4	5
11. Deliberately harms self; Comments:_____	1	2	3	4	5

Behaviors	N				F
12. Attempts suicide; Comments:_____	1	2	3	4	5
13. Fails at self-care/hygiene; Comments:_____	1	2	3	4	5
14. Withdraws from others; Comments:_____	1	2	3	4	5
15. Uses drugs or alcohol; Comments:_____	1	2	3	4	5
16. Gang or occult involvement; Comments:_____	1	2	3	4	5
17. Cruelty to animals; Comments:_____	1	2	3	4	5
18. Other:_____	1	2	3	4	5

Additional Comments:

Educational Information

Does the child attend school? ☐ No
☐ Yes; School Name:_____

Please identify the child's type of school placement(s):

- ☐ Home Schooled
☐ Regular Education
☐ Day Treatment
☐ 504 Plan

☐ IEP
☐ EBD
☐ MR/DD
☐ Need to refer
☐ Do not know

Please identify the child's intellectual functioning level:

- ☐ Above Average
☐ Average
☐ Below Average

☐ Borderline
☐ Mental Retardation
☐ Do not know

Please specify range and IQ scores if known: _____

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Please indicate the severity for each behavior(s) and discipline problem(s) identified by circling the most appropriate number: **one (1) being never** and **five (5) being frequently**:

School Behaviors	N				F
Chronic Tardiness	1	2	3	4	5
Defiant	1	2	3	4	5
Poor Concentration	1	2	3	4	5
Truancy	1	2	3	4	5
Academic Underachievement	1	2	3	4	5

Please provide explanation for discipline problems:

Discipline Problems	N				F
Suspensions	1	2	3	4	5
Expulsions	1	2	3	4	5

POTENTIAL / CURRENT TEAM MEMBERS

Contact Information (Address and Phone Number)

Therapist: (Mental Health)	
School Teacher:	
School Counselor:	
DCBS Worker: (Social Services)	
DJJ Worker: (Juvenile Justice)	
CDW: (Court Designated Worker)	
Physician: (Primary Care)	
Psychiatrist (Mental Health)	
Other:	

Additional Comments to Further Support Nomination of the Child
